

No. 2  
-1-4-41  
5-17-39  
I X26390

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS  
FILED NOV 27 1941  
Registration District No. 145

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 34583  
Registrar's No. 5208

Primary Registration District No. 1455208

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH:  
(a) County Carter  
(b) City or town Ellsinore  
(c) Name of hospital or institution: Rural  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)  
In this community 12 years  
years, months or days

2. USUAL RESIDENCE OF DECEASED:  
(a) State Mo (b) County Carter  
(c) City or town Ellsinore  
(If outside city or town limits, write "RURAL")  
(d) Street No. Rural  
(If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Almond H. Crew  
3. (b) If veteran, name war no  
3. (c) Social Security No. \_\_\_\_\_

MEDICAL CERTIFICATION  
20. DATE OF DEATH, Month Oct, day 6  
year 1941, hour 6 minute \_\_\_\_\_ P. M.  
21. I hereby certify that I attended the deceased from Sept 25 - 1941 to Oct 6 - 1941  
that I last saw him alive on Oct 6 - 1941  
and that death occurred on the date and hour stated above.  
Immediate cause of death Colic Duration \_\_\_\_\_

4. Sex Male 5. Color or race White  
6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Bessie  
6. (c) Age of husband or wife if alive \_\_\_\_\_ years  
7. Birth date of deceased May 12 - 1885  
(Month) (Day) (Year)

Due to Colic  
Due to \_\_\_\_\_  
Other conditions Colic  
(Include pregnancy within 3 months of death)

8. AGE: Years 56 Months 4 Days 24  
If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

Major findings: \_\_\_\_\_  
Of operations none  
Of autopsy none  
1318  
Underline the cause to which death should be charged statistically.

9. Birthplace Lin (City, town, or county) Kansas (State or foreign country)  
10. Usual occupation Cigar maker  
11. Industry or business Farmer  
12. Name Almond Crew  
13. Birthplace Ind (City, town, or county) Ind (State or foreign country)  
14. Maiden name Beda  
15. Birthplace Iowa (City, town, or county) (State or foreign country)

16. (a) Informant Bessie Crew  
(b) Address Ellsinore Mo  
17. (a) Burial (Burial, cremation, or removal) (b) Date thereof 10-8-41 (Month) (Day) (Year)  
(c) Place: burial or cremation Ellsinore Mo  
18. (a) Signature of funeral director E. E. Jordan  
(b) Address Ellsinore Mo  
19. (a) 10-23-1941 (Date received local registrar) (b) Loyal G. Hood (Registrar's signature)

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) no  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature Wm. H. Hatcher (M. D. or other) \_\_\_\_\_  
Address Bygones Bluff Mo Date signed 10-7-41

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. E. Jordan*  
Licensed Embalmer No. *3200*  
P. O. Address *Dorchester, Mo.*

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**